

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/24/2011

FORM APPROVED

OMB NO. 0938-0391

|   |   |   |  |  |  |   |                            |
|---|---|---|--|--|--|---|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>15E187 |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____            |  | (X3) DATE SURVEY<br>COMPLETED<br>08/03/2011 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>SIMMONS LOVING CARE HEALTH FACILITY |   |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>700 E 21ST AVE<br>GARY, IN46407 |  |   |                            |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  |   |  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |   | (X5)<br>COMPLETION<br>DATE |
| F0000   | <p>This visit was for the Investigation of Complaints IN00093908.</p> <p>Complaint IN00093908 substantiated, Federal/State deficiencies related to the allegations are cited at F 282 and F 367.</p> <p>Survey dates: August 2 and 3, 2011</p> <p>Facility number: 000368<br/>Provider number: 15E187<br/>AIM number: 100275220</p> <p>Survey team:<br/>Janelyn Kulik, RN</p> <p>Census bed type:<br/>NF: 23<br/>Total: 23</p> <p>Census payor type:<br/>Medicaid: 22<br/>Other: 1<br/>Total: 23</p> <p>Sample: 6</p> <p>These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 8/4/11</p> |   |  | F0000  |  |   |                            |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F0282<br>SS=D   | <p>Cathy Emswiller RN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, record review and interview the facility failed to ensure physicians' orders were followed for residents to receive super cereal (cereal that provides more nutrients and calories) for 2 of 4 residents reviewed for weight loss in a sample of 6. (Resident #F and #G)</p> <p>Findings include:</p> <p>1. On 8/3/11 at 8:46 a.m. Resident #F was observed sitting in his wheelchair in the dining room. He had oatmeal on his plate on the table in front of him.</p> <p>The record for Resident #F was reviewed on 8/2/11 at 9:10 a.m. His diagnoses included, but was not limited to, hypothyroidism, behaviors, osteoporosis, cerebral palsy, and constipation.</p> <p>A physician's order dated 7/20/11, indicated the resident was to received super cereal in the morning and a nutritional supplement one can daily.</p> |  | F0282               | <p>Corrective Action: Interview was held with Cook 1 to understand why he did not serve the super cereal when whole milk and butter was available in the refrigerator and brown sugar was available in the store room. A review of the procedure of doing the inventory and submitting the out of stock forms was done. Cook 1 was taken downstairs and shown where the brown sugar was located. It was also discussed that it was no excuse for not serving the super cereal even if he thought we did not have the needed food items we are located right across the street from a grocery store which would have taken less than 5 minutes to get the items he thought he needed. The food inventory is done for a 2 week menu cycle and is submitted 1 week prior to each menu cycle. Super Cereal was given to Resident # F and Resident #G on 8/4/2011. Residents At Risk: No other residents were affected. Measures Put Into Place: In-Service held with dietary staff on Saturday 8/6/2011 and a review of foo usage, inventory, recipe for super cereal and the</p> |  | 09/02/2011                                 |  |

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|   | <p>Review of the yearly weights and vital signs record, indicated the resident weighed 120 pounds on 6/5/11 and 114 pounds on 7/5/11, 7/18/11, and 7/25/11.</p> <p>On 8/2/11 at 9:00 a.m. the Director of Nursing provided a list of resident who had lost weight and resident #F's name was list for the month of July.</p> <p>Interview with the Cook #1 on 8/3/11 at 9:15 a.m., indicated none of the resident's received super cereal today due to the facility did not have the ingredients to make the super cereal. He further indicated all resident's received plain oatmeal today for breakfast.</p> <p>Interview with the Cook #1 on 8/3/11 at 11:00 a.m., indicated he had not been at work for two weeks so he did not know when the facility ran out of the ingredients. He worked two weeks ago and the facility had the ingredients to make the super cereal.</p> <p>2. On 8/3/11 at 8:45 a.m. Resident #G was observed sitting in his wheelchair in the dining room. He had no cereal sitting in front of him and his meal was half gone from his plate.</p> <p>The record for Resident #G was reviewed on 8/3/11 at 8:10 a.m. His diagnoses</p> |   |  |  | <p>importance of following the diet orders. Cool 1 will be required to repeat his orientation and will be monitored closely. Tray Accuracy Q.A. will be completed for meals served by Cook 1 for 2 weeks if errors are detected with Cook 1 he will be terminated. TRAY ACCURACY QA Procedures: Circle Y = Yes N = No Survey 1 meal 3 times a week. Check the tray accuracy of 5-10 resident trays Note any errors and the corrective action taken DATE:</p> <p>MEAL _____<br/>SURVEYOR _____</p> <p>RESIDENT NAMEDISHES<br/>DRYMEAL PLATE<br/>CORRECTFOODCONSISTENC<br/>Y CORRECTBEVERAGE<br/>CORRECTSILVERWARE<br/>PRESENT<br/>Y NY NY NY NY N<br/>Y NY NY NY NY N<br/>RESIDENT NAMEDISHES<br/>DRYMEAL PLATE<br/>CORRECTFOODCONSISTENC<br/>Y CORRECTBEVERAGE<br/>CORRECTSILVERWARE<br/>PRESENT<br/>Y NY NY NY NY N<br/>Y NY NY NY NY N<br/>RESIDENT NAMEDISHES<br/>DRYMEAL PLATE<br/>CORRECTFOODCONSISTENC<br/>Y CORRECTBEVERAGE<br/>CORRECTSILVERWARE<br/>PRESENT<br/>Y NY NY NY NY N<br/>Y NY NY NY NY N</p> |   |                            |

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|   | <p>included, but was not limited to, edema of the lower extremities, hypertension, and Alzheimer's Disease.</p> <p>A physician's order dated 7/17/11, indicated the resident was to receive super cereal for breakfast.</p> <p>A dietary note dated 7/17/11, indicated this was the Registered Dieticians follow up to a phone call on 7/15/11 following the resident having difficulty swallowing and a choking episode. The resident was observed at a meal today and ate 100% of his pureed diet including beverage and jello without coughing or choking. His July weight was 129 pounds, June weight was 129 pounds, and January was 138 pounds. This was a decrease of 7% in six months. The plan was to have speech therapy screen for coughing episodes, weekly weights for July, and offer super cereal at mooning meal.</p> <p>On 8/2/11 at 9:00 a.m. the Director of Nursing provided a list of resident who had lost weight and Resident #G's name was list for the months of June and July.</p> <p>Interview with the Cook #1 on 8/3/11 at 9:15 a.m., indicated none of the resident's received super cereal today due to the facility did not have the ingredients to make the super cereal. He further</p> |   |  |  | <p>Monitoring &amp; Q.A. The tray accuracy log will be completed by the Administrative Designee and reviewed by the Administrator weekly. Q.A. Committee will meet in one month to determine on-going compliance evaluation and need for in-service education. Addendum Q.A. Committee will review tray accuracy quarterly thereafter and the Dietician will discuss deficient practices. Completion Date 9/2/2011</p> |   |                            |

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| F0367<br>SS=D   | <p>indicated all resident's received plain oatmeal today for breakfast.</p> <p>Interview with the Cook #1 on 8/3/11 at 11:00 a.m., indicated he had not been at work for two weeks so he did not know when the facility ran out of the ingredients. He worked two weeks ago and the facility had the ingredients to make the super cereal.</p> <p>This Federal tag relates to complaint IN00093908.</p> <p>3.1-35(g)(2)</p> <p>Therapeutic diets must be prescribed by the attending physician.</p> <p>Based on observation, record review and interview the facility failed to provide therapeutic diets as prescribed by the physician for 2 of 4 residents reviewed for weight loss in a sample of 6 related to the residents not receiving super cereal (cereal with additional nutrients and calories). (Resident #F and #G)</p> <p>Findings include:</p> <p>1. On 8/3/11 at 8:46 a.m. Resident #F</p> |  |  | F0367  | <p>Corrective Action: Interview was held with Cook 1 to understand why he did not serve the super cereal when whole milk and butter was available in the refrigerator and brown sugar was available in the store room. A review of the procedure of doing the inventory and submitting the out of stock forms was done. Cook 1 was taken downstairs and shown where the brown sugar was located. It was also discussed that it was no excuse for not serving the super cereal</p> |  | 09/02/2011                 |

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|   | <p>was observed sitting in his wheelchair in the dining room. He had oatmeal on his plate on the table in front of him.</p> <p>The record for Resident #F was reviewed on 8/2/11 at 9:10 a.m. His diagnoses included, but was not limited to, hypothyroidism, behaviors, osteoporosis, cerebral palsy, and constipation.</p> <p>A physician's order dated 7/20/11, indicated the resident was to receive super cereal in the morning and a nutritional supplement one can daily.</p> <p>Review of the yearly weights and vital signs record, indicated the resident weighed 120 pounds on 6/5/11 and 114 pounds on 7/5/11, 7/18/11, and 7/25/11.</p> <p>On 8/2/11 at 9:00 a.m. the Director of Nursing provided a list of resident who had lost weight and resident #F's name was list for the month of July.</p> <p>Interview with the Cook #1 on 8/3/11 at 9:15 a.m., indicated none of the resident's received super cereal today due to the facility did not have the ingredients to make the super cereal. He further indicated all resident's received plain oatmeal today for breakfast.</p> <p>Interview with the Cook #1 on 8/3/11 at</p> |   |  |  | <p>even if he thought we did not have the needed food items we are located right across the street from a grocery store which would have taken less than 5 minutes to get the items he thought he needed. The food inventory is done for a 2 week menu cycle and is submitted 1 week prior to each menu cycle. Super Cereal was given to Resident # F and Resident #G on 8/4/2011. Residents At Risk: No other residents were affected. Measures Put Into Place: In-Service held with dietary staff on Saturday 8/6/2011 and a review of food usage, inventory, recipe for super cereal and the importance of following the diet orders. Cool 1 will be required to repeat his orientation and will be monitored closely. Tray Accuracy Q.A. will be completed for meals served by Cook 1 for 2 weeks if errors are detected with Cook 1 he will be terminated. TRAY ACCURACY QA Procedures: Circle Y = Yes N = No Survey 1 meal 3 times a week. Check the tray accuracy of 5-10 resident trays Note any errors and the corrective action taken DATE: _____</p> <p>MEAL _____</p> <p>SURVEYOR _____</p> <p>RESIDENT NAMEDISHES<br/>DRYMEAL PLATE<br/>CORRECTFOODCONSISTENC<br/>Y CORRECTBEVERAGE<br/>CORRECTSILVERWARE</p> |   |                            |

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|   | <p>11:00 a.m., indicated he had not been at work for two weeks so he did not know when the facility ran out of the ingredients. He worked two weeks ago and the facility had the ingredients to make the super cereal.</p> <p>2. On 8/3/11 at 8:45 a.m. Resident #G was observed sitting in his wheelchair in the dining room. He had no cereal sitting in front of him and his meal was half gone from his plate.</p> <p>The record for Resident #G was reviewed on 8/3/11 at 8:10 a.m. His diagnoses included, but was not limited to, edema of the lower extremities, hypertension, and Alzheimer's Disease.</p> <p>A physician's order dated 7/17/11, indicated the resident was to receive super cereal for breakfast.</p> <p>A dietary note dated 7/17/11, indicated this was the Registered Dietitians follow up to a phone call on 7/15/11 following the resident having difficulty swallowing and a choking episode. The resident was observed at a meal today and ate 100% of his pureed diet including beverage and jello without coughing or choking. His July weight was 129 pounds, June weight was 129 pounds, and January was 138 pounds. This was a decrease of 7% in six</p> |   |  |  | <p>PRESENT<br/>Y NY NY NY NY N<br/>Y NY NY NY NY N<br/>RESIDENT NAMEDISHES<br/>DRYMEAL PLATE<br/>CORRECTFOODCONSISTENC<br/>Y CORRECTBEVERAGE<br/>CORRECTSILVERWARE<br/>PRESENT<br/>Y NY NY NY NY N<br/>Y NY NY NY NY N<br/>RESIDENT NAMEDISHES<br/>DRYMEAL PLATE<br/>CORRECTFOODCONSISTENC<br/>Y CORRECTBEVERAGE<br/>CORRECTSILVERWARE<br/>PRESENT<br/>Y NY NY NY NY N<br/>Y NY NY NY NY N<br/>Monitoring &amp; Q.A. The tray accuracy log will be completed by the Administrative Designee and reviewed by the Administrator weekly. Q.A. Committee will meet in one month to determine on-going compliance evaluation and need for in-service education. Addendum Q.A. Committee will review tray accuracy quarterly thereafter and the Dietician will discuss deficient practices. Completion Date 9/2/2011</p> |   |                            |

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|   | <p>months. The plan was to have speech therapy screen for coughing episodes, weekly weights for July, and offer super cereal at mooning meal.</p> <p>On 8/2/11 at 9:00 a.m. the Director of Nursing provided a list of resident who had lost weight and Resident #G's name was list for the months of June and July.</p> <p>Interview with the Cook #1 on 8/3/11 at 9:15 a.m., indicated none of the resident's received super cereal today due to the facility did not have the ingredients to make the super cereal. He further indicated all resident's received plain oatmeal today for breakfast.</p> <p>Interview with the Cook #1 on 8/3/11 at 11:00 a.m., indicated he had not been at work for two weeks so he did not know when the facility ran out of the ingredients. He worked two weeks ago and the facility had the ingredients to make the super cereal.</p> <p>This Federal tag relates to complaint IN00093908.</p> <p>3.1-21(b)</p> |   |  |  |  |   |                            |